



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:

2. Type of Filing:

☒ Original

☐ Amendment to Items: _____ Eff. Date: _____

3. Full Name of Committee (must include Candidate's first and last name): CTE DAVID JOSEPH

4a. Candidate Full Name (Last, First, M.I.):

JOSEPH, DAVID, M.

4b. Political Party (if applicable):

REPUBLICAN

4c. County of Residence:

MACOMB

4d. Office Sought (Check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep. | <input type="checkbox"/> Sec. of State | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> MSU Trustee |
| <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court | | |

Local or other please specify: CHESTERFIELD TWP. TRUSTEE

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: 5-8-08

6a. Committee Phone #: 586-212-3148

6b. Committee Fax #: 586-598-4895

6c. Committee E-mail Address: David.joseph1@sbcbglobal.net

6d. Committee Website Address: _____

7a. Complete Comm. Mailing Address (May be PO Box):

28637 Buckinghamshire Dr.
Chesterfield, MI 48047

7b. Complete Comm. Street Address (May not be PO Box):

28637 Buckinghamshire Dr.
Chesterfield, MI 48047

8. Treasurer Name and Complete Address:

Christine Joseph
28637 Buckinghamshire Dr.
Chesterfield, MI 48047

Phone #:

586-980-0694

E-mail Address:

CDJoseph4@sbcbglobal.net

9. Designated Record Keeper Name and Complete Address:

Phone #:

E-mail Address:

10. ☐ **REPORTING WAIVER REQUEST:** If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. **Name and Address of Depositories** or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

CHASE

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b. Secondary Depository

12. ☐ **This item applies only to Gubernatorial Candidate Committees:** Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. **ELECTRONIC FILING:** This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

**** OR ****

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. **Verification:** I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

David Joseph 5/8/08
Candidate

Christina Joseph 5/8/08
Current Treasurer

Designated Record Keeper (Required only if filing electronically)